VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH	
State of) ss	
County of Logan	
(Insert here the name of the person authorized to execute this Verification.)	makes oath and says that
he or she is Deputy Director (Insert here the exact legal title of the authorized	norman)
of County ETSB (Insert here the exact legal name of the emergency telephone system entity/other entity.)	;
that he or she is duly authorized to execute this verification; the foregoing Form AR-911 (Oct 2016) Excel Workbook (hereinafter the best of his or her knowledge, information, and belief, all states said Report are true; that the said Report is a correct statement of above-named emergency telephone system board/qualified government to each and every matter set forth therein;	referred to as "Report"); that to tements of fact contained in the of the business and affairs of the
Check one of the following:	
that he or she has personal knowledge that the said Repo audited financial statements for the most recently completed an November 30, 2015; that the independent audit available to the Department Staff upon request; and that the dat reconciled to the audited financial statements.	d audited fiscal year ending on or's reports and workpapers are
that he or she has personal knowledge that the said Report auditor; and that the independent auditor's report and workpapers Staff upon request.	
(Signa	ture of authorized person)
Subscribed and sworn to before me, a Notary Problems and County above named, this 2046 day of Saptemb	in and for the State
(seal) OFFICIAL SEAL CHERYL HEDRICK NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires April 26, 2020 (Signature of of	ficer authorized to administer oath)